

# Appetite Alteration Care Pathway

Prevention

## Prevention

No standard approaches to prevention

Assessment

## Assessment

Assess nutritional status including growth parameters

Assess routinely using [SSPedi](#)

**Mild Bother**  
(SSPedi score = a little)

**Moderate Bother**  
(SSPedi score = medium)

**Severe Bother**  
(SSPedi score = a lot or extremely)

Allocate resources based on severity of bother and according to the preferences and capabilities of the patient

Treatment

## Treatment and Resources

**Decreased Appetite**

Encourage high calorie, nutrient-dense foods

Consult clinical nutrition services

Suggest pharmacological agents not be routinely used

**Increased Appetite**

Encourage balanced diet

Consult clinical nutrition services

## Care Pathway

### SSPedi: Symptom Screening in Pediatrics



Please tell us how much each of these things **bothered** you **yesterday or today** by ticking the circle that best describes the amount it bothered you:

	Not at all bothered	A little	Medium	A lot	Extremely bothered
Feeling disappointed or sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling scared or worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling cranky or angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems with thinking or remembering things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changes in how your body or face look	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mouth sores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hurt or pain (other than headache)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tingly or numb hands or feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Throwing up or feeling like you may throw up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling more or less hungry than you usually do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changes in taste	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constipation (hard to poop)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhea (watery, runny poop)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please tell us about any other things that have bothered you lately by writing about them here.